

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120352

FILED  
May 04, 2010  
Secretary of State

Entity Name: GLARE ULTRA PRODUCTS, INC.

**Current Principal Place of Business:**

1786 BRACKENHURST PLACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1786 BRACKENHURST PLACE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 20-1858448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDS NORELL, JACQUELYN  
1786 BRACKENHURST PLACE  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NORELL, DARRELL M  
Address: 1786 BRACKENHURST PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: V  
Name: NORELL, JACQUELYN S  
Address: 1786 BRACKENHURST PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: NORELL, JUSTIN M  
Address: 1786 BRACKENHURST PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: NORELL, JOSHUA W  
Address: 1786 BRACKENHURST PLACE  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYN SANDS NORELL

VP

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date